

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

26343

**1. PLACE OF DEATH**

County Monroe  
Township Beautsville  
City Beautsville (No.         )

Registration District No. 504  
Primary Registration District No. 5667

File No.           
Registered No. 7  
St.          Ward         

**2. FULL NAME**

(a) Residence, No.          St.          Ward         

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kellie H. Monroe (De)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 28 - 1856</u>		
7. AGE <u>77</u>	YEARS <u>3</u>	MONTHS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		11. Total time (years) spent in this occupation <u>        </u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>        </u>		10. Date deceased last worked at this occupation (month and year) <u>1928</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hastington Co. Ohio</u>		
13. NAME <u>Joseph Monroe</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hastington Ohio</u>		
15. MAIDEN NAME <u>Mahala</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hastington Co. Ohio</u>		
17. INFORMANT (ADDRESS) <u>Arthur Monroe</u> <u>Beautsville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beaut Branch</u> DATE <u>Aug 14</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Thorne Bros. Co.</u> <u>Beautsville Mo</u>		
20. FILED <u>Aug 19</u> 19 <u>33</u> <u>U C Snyder</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1933, to Aug 11 1933

I last saw him alive on Aug 11 1933. Death is said

to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 5 yrs ago  
Bronchopneumonia Aug 1 '33  
Hemiplegia

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?          Date of injury          19        

Where did injury occur?         

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury         

Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?

If so, specify         

(Signed) K. O. Snyder M. D.

(Address) Beautsville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

